H MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10-6)

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	L 554	5-1	4		/
Reg	Dist.	No	1	2	

1. PLACE OF BEATH.  Conty.  Co		- 00
Siste Mary faced Country Who makes were RURAL and give nearest cown)  Who long in about a city or were limited, were received and scurred.  Sov long in hospital or instruction?  Now long in hospital or long in ho		2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town.  (If outside sity or twen incline, write RURAL and give nearest town)  Who bot has his size of death?  (Republis, institution, or street address where death obsained:  (Republis, institution, or street, institution)  (Republis, institution)  (R		W
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Street 86. (If rural, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  2/2-16-7868  3. (c) Full NAME  3. (b) Single, married, videwed, or divorced  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  2/2-16-7868  4. Set S. Soline or race  8. (c) If allow, give and state of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  8. (c) If allow, give and state of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  8. AGE: Years Months Syls If less than one day  4. Berthplace. Watnesses of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  8. Berthplace. Watnesses of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  8. Berthplace. Watnesses of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  9. Berthplace. Watnesses of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  10. Usual occupation.  11. Indicting the buildings of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  12. Name. Control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  13. Birthplace. Watnesses of control of the state above stated; that I altereded deceased from the deceased (mo., day rr.)  14. Maiden name. Address. Same as a long.  15. Informat. The state and state of the state of th	(If outside city of wown mints, write house and give nearest town)	City or town
Row long in beoplial or institution?  3. (a) FULL NAME  3. (b) Social Security Number  2/2-16-7868  4. Set  5. Color or race  8. (c) Single, marrie, vidence, or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. CERTIFY that death occurred on the date above stated; that I altered deceased from the case of vidence of the case of the state of the case of the state of the case of the state of the case of the	Hospital, Institution, or street address where death occurred:	
3. (b) Social Security Number 2/2-16-7868  4. Set J. Dober or rate S. Coloring married, widowed, or divorced  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  S. (b) Name of husband or wife Dorthan, Elland Bailay  1. Birth date of deceased (no., day, yr.)  May 2		
4. Set John Wesley Balley  4. Set John Wesley B. Color or race  5. Color or race  6. (6) Name of husband or wife Benthal Balley  8. (6) Name of husband or wife Benthal Balley  7. Birth date of deceased (no., day yr.)  8. AGE: Years Months Dys If less than one day  4. Set Months Dys If less than one day  4. Set Months Dys If less than one day  4. Set Months Dys If less than one day  4. Set Months Dys If less than one day  5. Birthplace West grain Williams  6. (6) Name Penntrod (no. 3 - 4 - 5 - 18 - 18 - 18 - 18 - 18 - 18 - 18	How long in hospital or institution? not at all	2.(a) If veteran, name war no
4. Set S. Color or race  Malo, A A Marinal Scale of General Scale of Scale	3. (a) FULL NAME	3. (b) Social Security Number
8.(6) Name of hisband or wife. Bartha. Ellaw Barlay  8. (c) If allre, give age. #8. year deceased (mo., day, yr.)  8. AGE: Tears Months Bys II less than one day  4. 21 hrs. min  9. Birthplace. Watergarm. Watermass Co., Maryland  10. Usual occupation. Farman  11. Industry or business  12. Name. Embrach & Barlay  13. Birthplace Watergarm. Maryland  14. Barlay. Maden name. Allona.  15. Birthplace Watergarm. Maryland  16. Informant. Mile. Bartha.  17. Birthplace Watergarm. Maryland  18. Informant. Mile. Bartha.  19. Barthplace Watergarm. Maryland  11. Camal. Barthplace  12. Name conditions  13. Maden name allona.  14. Barthplace Watergarm. Maryland  15. Informant. Mile. Barthy.  16. Informant. Mile. Barthy.  17. Camal. Barthplace  18. Fundade pregnancy within 3 months of deeth)  Majer findings of operations.  Date of op.  Antopy' results.  PHYSICIAN: Please underline the case to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, saidée, or homicide, barthy occit?  (City or town) (County) (State)  18. Fundral director. James of States and said at home, talm, industry, public place (where?)  Meens of lojury injured at work?  M. Drof other.  M. Drof other.  M. Drof other.		
8.(6) Name of husband or wife Berthia Elland Bailay  7. Birth date of deceased (m. day yr.) May 2 / 898  8. AGE: tears Months Dogs It less than one day  4 & Dogs It less than one day  5. Birthplace Wetnesday and states  6. Birthplace Wetnesday May of the conditions  8. Birthplace Wetnesday May and a large of the conditions  8. Birthplace Wetnesday May and a large of the conditions  8. Birthplace Wetnesday May and Address Wetnesday May and Bartha	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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1. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Dy's If less than one day 4 21 hrs. min.  9. Birthplace Westing many Many and datases  11. Industry or business  Same as above 12. Name Cembrook & Bailand 13. Birthplace Westing min.  14. Maiden name  Address Westing min.  16. Informat. Mark Bottlan  Address Westing min.  17. Dural, cremation, or removal, Whitest  Date thereof. Do 4 4  (month) (day) (year)  (month) (day) (year)  Location  Location  Location  Major findings of operations.  18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5 (h) Name of husband or wife Berthas Ellen Bailey	
2. Birthplace Watnagama Washing Bods of less than one day  10. Usual occupation.  11. Industry or business Same as above 11. Industry or business Same as above 12. Name. Permitted Bods and Same as allowed 13. Birthplace Watnagama Major findings of operations.  16. Informant. Mas. Bartla. Bardan.  Address Watnagama Mayland  17. Burtal. Commons. Which?  Date thereof. 10 - 6 - 46  (Burial, cremation, or removal. Which?)  Demetery or crematory. Possible (month) (day) (year)  Location Watnagama Mayland  18. Funeral director James F. Staurah  Address 402 & Church St. Salahan Ma.  Bods 18. Signature on the last and ham, alive on death statistically.  Immediate cause of death  Due to.  Due to.  Due to.  Differ conditions.  Unclude pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  PHTSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of Op.  Where did injury occur? (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of injury injured at work?  M. D. or other.		march 15 1946 10 10-3-469
deceased (mo. day m.)  8. AGE: Years Months Days If less than one day  4 2   hrs. min.  9. Birthplace Watagama Duranto Co, Manufaud  10. Usual occupation.  11. Industry or business Same as above.  12. Name. Combrod & Bailay  13. Birthplace Watagama Manufaud  15. Birthplace Watagama Manufaud  16. Informant. Mar. Bartha Bailay  17. Burda Madress Watagama Manufaud  18. Informant. Commons. Whiteh?  19. Date the root. 10 - 6 - 46  19. Cometry or crematory. Commons. Whiteh?  19. Commons. Watagama Manufaud  19. Commons. Watagama Manufaud  20. Signal, cremation, or removal. Whiteh?  21. Commons. Watagama Manufaud  22. VIOLENCE: If death was due to external causes, fill in the following:  22. Accident, suicide, or homicide. Date of which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  22. VIOLENCE: If death was due to external causes, fill in the following:  23. SIGNATURE. Robert Manufaud  23. SIGNATURE. Robert Manufaud  23. SIGNATURE. M. D. of other.	7 Dt.th date at	and that I last saw h. Ama alive on 10-3-46 19
9. Birthglace Wetgamin Wesomina Co, Manyland 10. Usual occupation.  11. Industry or business  Same as above  12. Name. Pembrooffe Bailey  13. Birthglace Wetgamin Manyland  14. Maiden name. Allona Allona  15. Birthplace Wetgamin Manyland  16. Informant Man. Bartla Bailey  17. Burial, cremation, or smoyal. Which?)  Cemetery or crematory Conveys. Which?  Cemetery or crematory Conveys. Which?  Cemetery or crematory Conveys. Which?  Location Wetgamin Manyland  18. Funeral director James 7. Stavand  Address 402 E. Church St. Salabary Md.  Address 402 E. Church St. Salabary Md.  Address P. Stavand  Address	deceased (mo., day, yr.) May 2, 1878	
9. Birthplace Watergram Whomks Co, Manufaud 10. Usual occupation 11. Industry or business 12. Name Pembrodik Barley 13. Birthplace Watergram Manufaud 14. Maiden name Adding Alland 15. Birthplace Watergram Manufaud 16. Informant Mag. Bartle Barley 17. Burnel Bartle Barley 18. Informant Mag. Bartle Barley 19. Date thereot Date thereot Month (day) (year) 19. Cemetery or crematory Consulary 19. Cemetery or crematory Consulary 19. There and director James F. Standard 19. Maddress 40 2 E. Church St. Salabary Md. 20. Signature Page 19. Signature	V I	Conjuly least tally 72 hrs
10. Usual occupation.  11. Industry or business  Same as above  12. Name	48 4 21hrsmln.	
10. Usual occupation.  11. Industry or business  Same as above  12. Name	9. Birthplace Wetyguin, Wreomico Co, Maryland (Town, county, and state)	Due to Pleasing = Effusion ==
11. Industry or business  Same as above  12. Name	to Havel convertes Farmen!	
12. Name Cembrod & Barlon  14. Maiden name Adding Allow  15. Birthplace Wetingrin Maryland  16. Informant Mrs. Barths Barlon  Address Wetingrin Maryland  17. Burnel  18. Legisland  19. L		Due to
13. Birthplace Wetinguin Maryland  14. Maiden name Adding Allow  15. Birthplace Wetinguin Maryland  16. Informant Mas. Beattha Bailey  Address Wotinguin Maryland  17. Bural  (Burial, cremation, or removal, Which?)  Cemetery or crematory Contrary  Location Watinguin Maryland  18. Funeral director James F. Stauant  Address 402 E. Church St. Salabury May  Address 402 E. Church St. Salabury May  23. SIGNATURE Related within 3 months of death)  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 2 months of the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of injured at home, tarm, industry, public place (where?)		
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14. Maiden name.  15. Birthplace Wetinguin Maryland  16. Informant. Mrs. Bertha Bailey.  Address Wetinguin Maryland  17. Bund Date thereot.  18. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Cemetery or crematory.  Location.  Wetinguin.  Major findings of operations.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occut?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of injury  18. Funeral director.  Address 402 E. Church St. Salvabury.  Meens of injury  23. SIGNATURE.  M. D-or other		(Include programmy within 3 months of death)
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of injury injured at work?  Meens of injury  23. SIGNATURE.  Role M. D. For other	E 14. Maiden name adline allens	
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Address Watiparin Maryland  17. Burial Date thereot 10-6-46 (Burial, cremation, or removal. Which?)  Cemetery or crematory. Corubay Moryland  Location Watiparin Maryland  Meens of injury Injured at work?  Meens of injury Injured at work?  23. SIGNATURE Related Watiparin Maryland  M. Dror other		
17. (Burial, cremation, or removal. Whitch?)  Cemetery or crematory. Control of the following:  Location Westing with the following:  Location Westing with the following:  Modress 40 2 E. Church St. Salubury Md.  Address 40 2 E. Church St. Salubury Md.  Address 40 2 E. Church St. Salubury Md.  M. Drorother  M. Drorother	To the state of th	
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. Corusay  Location Water and director. Lames F. Stewart  Address 402 E. Church St. Salabary Md.  Accident, suicide, or homicide. (City or town)  (City or town) (County) (State)  Injured at home, tarm, Industry, public place (where?)  Meens of Injury injured at work?  23. SIGNATURE. Roles M. Dror other		22 VIOLENCE- If death was due to external causes, fill in the following:
Cemetery or crematory. Control County	17. (Sural Date thereot 10 - 6 - 46	
Location We trapquin Maryland Injured at home, tarm, Industry, public place (where?)  18. Funeral director James F. Staurant  Address 402 E. Church St. Salubury Md.  23. SIGNATURE Roberth M. Dror other		
18. Funeral director James 7. Stewart  Address 402 E. Church St. Salabury Md.  23. SIGNATURE Robertha M. Drorother	Cemetery or crematory Lowway	(City or town) (County) (State)
18. Funeral director. James 7. Stewart  Address 402 E. Church St. Saliabury Md.  23. SIGNATURE. Roberth M. D. or other	Location Wetipgum maryland	injured at home, tarm, Industry, public place (where?)
Address 402 E. Church St. Salsabury Md. 23. SIGNATURE Robert Com. M. Drorother		Meens of Injury Injured at work?
M. D. or other	(/ - 0 · 10 - 10 · 10 · 10 · 10 · 10 · 10	Rober Proce mm
	19. Oct 6 19 46 M. Woolford Walter	M. Dror other



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-04

10404

CERTIFICAT	E UP DEATH Reg. Dist. No
1. PLACE OF DEATH:  County Use mind Sensial Hospital of town Salusting Pennsula Sensial Hospital of town (If outside city or town limits, write RUKAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Mayland County Uscamics  City or town town (If outside city or town limit, write RURAL and give nearest town)
How long in above place of death? 26 years Hospital, Institution, or street address where death occurred: Pennsula Deneral Hospital	(If outside city or town limit, write RURAL and give nearest town)  Street No. 2/1 Second (If rural, give LOCATION)
How long in hospital or institution? 16 daip.	2.(a) ti veteran, name war
Banks, Frances L.	3.(b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Sengle	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth date of	and that I last saw h e
deceased (mo., day, yr.) 7 - 1 - 1897  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
49 3 6	Cerebral femondaza
9. Birthplace Phila . Phila C. Ca (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name J. Odenry Banks I 13. Birthplace agrage Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sucan & Warfield  15. Birthplace New Bedford Mass.	Major findings of operations
16. Informant Samuel Ge. Banks	Antopsy results
Address Preston, Maryland 17. Burial Dale thereof 10-12-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Merican	Where did injury occur?
Location Merion Ca.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director. James J. Stewart	Pa -a . 0 4 1
Address 402 E. Church St. Salubury Md	23. SIGNATURE M. D. Or other
(Date rec'd by registra)	Address Saludlus Md Date signed 108-4



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10405 Roz. Dist. No.330

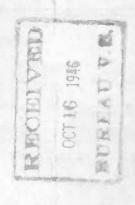
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For new born infance give residence of mother)
County	Ind Mcomo
City or town / Marchela	State Comity
(If outside city or town limits, write RUBAL and give nearest town)	City or town
How long in above place of dealh?	uts of city of them limits, write RORAL and give nearest town)
Hospital, institution or reet address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Kordland	Bounds
4. Sex 5. Calor or rafe (M.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Manuel	20. DATE OF DEATH. OC, 4 19/6, at 19/10 at
2.10. f. Benned	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Laltended deceased from
	00000 4 19 4 to 000 18 46.
7. Birth date of Fig. 6 21 st 1885	and that I last saw h. Allalive on OCN 7441
deceased (mo., day, yr.) TW, 2/2/000	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Heyarlase Thruack
61 p. 7 13	
1.0 marle	
9. Birthplace Mount	Due to
(Town, county, and state)	A SA
10. Usual occupation.	nue to Mew of Thuale
11. Industry or business /	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name Auful Bounde	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elin afeth Malon 15. Birtipiace Silvan Ma	(Include pregnancy within a mouthle of deastly
E 14. manush name:	Major findings of operations.
\$ 15. Birtiplace	Date of op.
15 in My, nellie Lee Bounds	Autopsy results
pott mandel mand	PHYSICLES: Please underline the cause to which death should be charged statistically.
Address & D FF 1, 1110000000 111000000	22. VIOLENCE: If death was due to external causes, till in the following:
17 Bund Date thereof Oct, 1-0/2	4( ) /
(Burial, cremation, or removal Which?) (month) (day) (year)	Acceptil, suicide, or homicide
Cemetery or crematory ///www.	Where did injury occur?
mandela mande	
Location	Myured at home, farm, industry, public place (where?)
John ro. Walter /18 th	Mades of Injury tnjured at work?
18. Puneral director.	- 01:00. E.
Address sales for the sales fo	22 SPESTIBLE WILLIAM WILLIAM WELL
INDIVITAL WISHES LATE	23. SMATURE M. D. or other
19. (Date red'd by registrar) Registrar	Address Detailer Address Date signed Coby 45
(Nate rec d n) reflectar)	Helevil - me



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

S. Serior of race  8. (a) Name of husband or wife  8. (b) Name of husband or wife  8. (c) It silve, give age  7. Serior date of (mo., day, yr.)  8. AGE: Years Months  9. Birthplace  11. Introductive or husband or wife  12. Introductive or husband or wife  13. Birthplace  14. Months  15. Birthplace  16. Informant  17. Birthplace  18. Address  18. Address  18. Address  18. Address  19. Introductive or husband or wife  18. Address  19. Introductive or husband or wife  19. Introductive or husband or wife  10. Usual occupation.  11. Inductive or husbands  12. Name.  13. Birthplace  14. Majden name  15. Birthplace  16. Informant  17. Birthplace  18. Informant  19. Introductive or husbands  19.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
5. (c) Name of husband or wife  5. (c) If alive, give age years deceased from 43, yr.)  8. AGE: Years Months Debt It less than one day  9. Birthplace	4. Sex 5. Color or race 6. (a Ningle, married, wildowed, or divorced	MEDICAL CERTIFICATION
5. (c) Name of husband or wife  5. (c) If alive, give age years deceased from 43, yr.)  8. AGE: Years Months Debt It less than one day  9. Birthplace	male e	20 DITE OF BEATH ON TO
S. (c) If alive, give age years deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace  10. Usual occupation  11. Industry or business  12. It is industry or business  13. It is industry or business  14. Maiden name  15. Birthplace  16. Informant:  17. Birthplace  18. Informant:  19. Jan 19. J	11000	
T. Birth date of deceased (mo., day, 77.)  S. AGE: Years Months Days If less than one day Immediate cache of death.  Duration  S. Birthplace	6.(b) Name of husband or wife	
8. AGE: Years Months Date if less than one day    Solithplace		and that I last saw halive on
9. Birthplace		Immediate came of death
9. Birthplace	o. Aug.	- fremative Ly
10. Usual occupation  11. Industry or business    12. Name	000000000000000000000000000000000000000	
Dua to  11. Industry or business    12. Name	9. Birthplace	
11. Industry or business    12. Name	10. Usual occupation.	
14. Malden name   15. Birthplace   16. Informan   16. Informan   17. Birthplace   17. Birthplace   18. Informan   18. Informan   19. Inform	11. Industry or business	
14. Malden name   15. Birthplace   16. Informan   16. Informan   17. Birthplace   17. Birthplace   18. Informan   18. Informan   19. Inform	12. Name	Other conditions
14. Maiden name.  15. Birthplace  16. Informant.  Address  17. Burial, cremation, or rembyal. Which?  Cemetery or crematory.  Cemetery or crematory.  18. Funeral director.  18. Funeral director.  19. Analysis findings of operations.  Major findings of operations.  Autopsy results.  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  City or town)  (City or town)  (Cit	3. Birthplace	(Include pregnancy within 3 months of death)
15. Birthplace  16. Informant  Address  17. Burting and a statistically.  Date thereof (month) (hay (real))  Cemetery or crematory.  Location  Location  18. Funeral director.  Autopsy results.  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, surcide, or homicide.  Date of (County) (State)  Injured at home, farm, industry, public place (where?)  Maans of Injury  Injured at work?  18. Funeral director.  Autopsy results.  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, surcide, or homicide.  Unique at home, farm, industry, public place (where?)  Maans of Injury  Injured at work?		
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	15. Birthplace mardella md.	
Address  17. Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  18. Funeral director.  19. Comparison of the compa	A 10. 100.000	Autopsy results
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  18. Euneral disactor.  19. O S. 19. A S.	Address Pologon , Santi.	
Cemetery or crematory	17 Bushing note thereat 10/8: 46	
Location Definition of the Location Injured at home, farm, industry, public place (where?)  18. Euneral director.  Maans of Injury  Injured at work?  19. 10. 8 19. 46.1 House of the Location	(Burial, cremation, or removal. Which?) (month) (hay) (cal)	
18. Euneral disactor.  18. Superal disactor.  19. 10. 8 19. 46. 15. Acade 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Cemetery or crematory	
18. Europe Salis Course 123. SIGNATURE 1. Disconsol M. D. or other	Location particles of	
19 10/8 19 Ab. Badasel D. Banon D. D. C. L. M. D. or other	18. Superal director	maans of injury injured at work?
19 10/8 19 Ab. Badasel D. Banon D. D. C. L. M. D. or other	diress Salisbury ond	A St. N (Brane so, M.D)
13	10/8 . 46 Ander B. Jon	M. D. or other
(Date ree of by registrar)	(Date ree's by registrar)	Address



3. (b) Social Security Number

Rev. Dist. No. 333

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

Address

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CHARLE A	A A CALAL	O 2 2	

2. USUAL RESIDENCE (HOMI (For newborn infants give residen	E) OF DECEASED: ce of mother)
State Maryland Salisbury (if outside city or town	County. Wicomico  R.D. 2  limits, write RURAL and give nearest town)
Street No. Quantico Hos	d give LOCATION) Pld War 11

How long in hospital or institution?....

(Burial, cremation, or removal, Which?)

Parsons

18. Funeral director. The Hill & Johnson Co. Salisbury, Maryland

Salisbury, Maryland

1. PLACE OF DEATH:

County

3. (a) FULL NAME Charles Ralph Culver

"Wicomico

alisbury

How long in above place of death? 32 years Hospital, Institution, or street address where death occurred:

我.D. 2

(month) (day) (year)

(If outside city or town limits, write RURAL and give nearest town)

4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced
Male	White	5	ingle
6.(b) Name of husband			(c) If alive, give ageyears
7. Birth date of deceased (mo., day, y	Novem	ber 13	, 1914
8. AGE: Years	Months	Days	If less than one day
31	10	18	
10. Usual ocsupation 11. Industry or business			
11. tndustry or business 12. Name	Harold S.		***************************************
			Maryland
14. Maiden name	Edna E. New York,		
	lrs. Harol	d S. C	ulver
Address Sa	lisbury,	Maryla	ınd
Burial			October 3 1946

MEDICAL	CERTIFICATION		
Oatoham '	1	e .	3

Immediate cause of deatl (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide

Injured at home, farm, Industry, public place (where?) Means of Injury

No



Mildes Chille

2411 N. Charles St., Baltimore

10408

CERTIFICAT	E OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Da County
Now tong to above place of death?	City or 10 yn
Nospitat, institution or street address where death occurred:	Street No. Paule H
Haull H	(If rural, gty LOCATION) 2.(a) if veteran, name war.
How long th hospitat or institution?	3. (b) Social Security Number
Davis (Juno 1.)	J. (0) Docial Decarty Number
4. Sex 5. Color or Face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male toll	20. DATE OF DEATH 9 October 1946 21 900 A.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. October 19.446 to 9. October 19.446
7. Birth date of deceased (mo., day, yr.) Ostobeer 7, 1946	and that I last saw h. L. L. alive on
8. AGE: Years   Months   Days   If less man one day  hrsmin.	Immediate cause of death.  Presuma Territy 2 days.
Selishan Wicomier &	Due to Cause not determined.
9. Birthplace	One of identical tunia.
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dage Habella Farmon	Major findings of operations.
16. informant man marketha Balatar A	Rolofsy results.
Address Tellioleway, Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
CO 10 (10/10/2/6	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did tnjury occur?
Location Allen my Man	Injured at home, farm, industry, public place (where?)
18. Funecal director Palph 61 Dama	Meens of injury tnjured at work?
(acting) taleslowly my	23. SIGNATURE ceickers, U.D.
19. (Die recipy regional 19 0 0 1 Base of the Registrar	M. D. or other Address 21 2 Camalen and Date signed 9 Oct 1946
	Salistery Mid.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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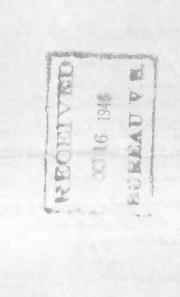
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## CERTIFICATE OF DEATH

	ATE OF DEATH	114UJ No. <b>33</b> 3
1. PLACE OF DEATH:  County  City or town Spline city or town lifaits, write ktirab and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  City or town  City or town  City or town	give nearest town)
How long in hospital or lastifulion?	2.(a) if veteran, name war	20-
3. (a) FULL NAME		ecurity Number
4. Sex 5. Color or race 6.(a) Single, married, widgered, or divorced	MEDICAL CERTIFICATION Of DEATH	
p.(b) Name of husband or wife Allilian. Desar.	21. I CERTIFY that death occurred on the dale above street; that I etter	
7. Birth date of	ars and that I last saw halive on	19
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATI
about 5 hrs. m	in. Coronary occurs	-
9. Dirthplace Al driver Quarter and	Due to	
10. Usual occupation A annual leaf	Due to.	
11. industry or business Same as about		
12. Name. There a fame. There are a fame. There are a fame. The same and the fame. The same are a fame.	Dther conditions	***************************************
HI PU	(Include pregnuncy within 3 months of death)	
14. Malden name 1. Of on a game	Major findings of operations.	
15. Birthplace Dames Guarter md	Date of (	)p
16. Informant Allens Allens Allens	Autopsy results PHYSICIAN: Please underline the cause to which death should he	
Address Salinbury and	22. VIOLENCE: If death was due to external causes, till in the following	gi
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)		ot
Cemetery or crematory Daniel Swarler	Where did injury occur?	(State)
Location Danes Lunglete	Injured at home, farm, industry, public place (where?)	
18. Funeral director amen's Mulant	Means of Injury Injured at w	ork?
Address Dalinbury, Ind.	maling land	
10/10 . Ho Bassid 2. Do	23. SIGNATURES	M. D. or other

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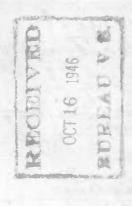
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore A32

## CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF PEATH: SICOME	2. USUAL RESIDENCE PROTORE) OF DECORAGE: (For membure infants give residence of mother)
County Salusing	State
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town [15,outside city or town limits, write RURAL and go e nearest town)
How long in above place of death?	114 weeter 1
13- Joseph.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edgar It. Nou	man
4. Sy Jale 5 reign of first 6.(a) lingle, married, widowed, or divorced	MEDICAL CERTIFICATION 1090
Clase Bulling A	20. DATE DF DEATH
6.(b) Name of husband or wife	4- //2 84/
7. Birth date of 9 yea	and thal I last saw h J. Maalive on Det 8 1946 19
deceased (mo., day, yr.)	Immediate cause of doub
8. AGE: Months Days If less than one day	fathera.
3 /7hrs	4
9. Birthplace (Topym county, and start)	Due to
Panle	
1D. Usual occupation	Bue to.
11. Industry or husiness W. Osmany	- Cherry nyreather
12. Harre Machine Policeter to Mind	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Po Premuhe med	Major findings of operations
El 15. Birthplace	Date of op.
16. Informatil	Autopsy results
Address 14 lyllan M. sturbuy	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, cremation, or remote Which?)  Date thereof (more of (day) (year)	Accident, suicide, or homicide
a aucon in	Where did injury occur?
Cemetery or Frematory Made	Injured at home, farm, Industry, public place (where?)
Locality Labora - C. Walle K	Injury Injury Injured at work?
18. Fungral director.	many - 1
Address Salusy of May	123, SIGHAFURE AT Cary Co Shorts
10/9 John thasa of on 19	23. SIGNATURE M. D. orfother  Address Deller M. Dade signed 10-9-46
Registr	ar   Address   Date signed   All Date signed



	- 41	No.
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## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county ulamea	(For newborn infants give residence of mother)
City or town A Cultural City or town in his RORAL, and give nearest town	State and County sullogator
How long to above place of death?	City or town
Hospitat, Institution, or street address where death occurred:	. //
non	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katio Duddisla	ne
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Semale a.a. mprisal.	20. DATE OF DEATH OCT . 29 19 46 at 4:33 /
11:00: 4 10.11.01	
6.(b) Name of husband or wife William A. Militagelle	21. I CERTIFY that heath occurred on the date above stated; that I attended decreased from
7. Sirth date of	and that I last saw had alive on 10 - 24 19
deceased (mo., day, yr.) about 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day	
about 62 - min	March & Carcinettes
9. Sirthplace Marcenter & riendship	Due to
(Town, county, and state)	( )
10. Usuat occupation Ausling	Due to assummas orang.
11. Industry or business same las aleque	
12. Name Glaige Harrison  13. Birthplace Sorburffill	Other conditions
Z 13. Birthplace Somewhill	
14. Maiden name Maryhester Yarker	(Include pregnancy within 3 months of death)
	Major findings of operations
2 15. 8 rthplace mouffell	Date of op.
18. informan Mardelle Johnson	Autopsy results
Address Salialusty md	
17 Burial Date thereof Nov 1 - 46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Rue of the	Where did injury occur?
Location Marlester ADJ	Injured at home, farm, Industry, public place (where?)
// ) X /	Means of Injury ligited at work?
18. Funeral director flages of Sulland	$\Omega_{1}$ $\Omega_{2}$ $\Omega$
Address Salealury and	TO3 SIGNATURE Therefold Server
11/1 11/1 De no 20 8 4 14	M. D. of other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1750

. Date signed / 2

CERTIFICAT	TE OF DEATH Reg. Diat. No. 33
1. PLACE OF DEATH:  County / Williams of the state of the	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   Colored   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH / U - 3 / 19 4 6 at 4 6 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 19 19 Immediate cause of death OURATION 3 down
13. Birthplace Vicofunco County Maryfand  14. Maiden name Katie Dutton  15. Birthplace Traffa Maryfand  16. Informant Mixe. Edith Dutton  Address Delmar Maryfand  17. Durial Oate thereof Movember 4, 1946  (Burial, cremation, or removal. Which?)  Cemetery or crematory Union Cemetery  Location Mear Delmar Maryfand  18. Funeral director J. Framptom & Son  Address Tedenal Shary Maryfand	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op. 10, 29, 46  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external supers, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury Tree full on line injured at work?
Address Lacuted and Add Ook	23. SIGNATURE plafting that 3 and the D. or other,

Registrar Address....

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2411 N. Charles St., Baltimore

3. (b) Social Security Number

(State)

Injured at work?

1		1
	5-5	)
1	14.	/





ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: p

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PLEASE

leet :	CERTIFICAT	E OF DEATH
ne corr	1. PLACE OF DEATH:  Sourty Wicomico	2. USUAL RESIDENCE (For newborn infants
y. The	only or town	StateMaryland

ounty
ly or town
tow long in above place of death?
Peninsula General Hospital
tow long In hospital or Instillution?twodays

2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:
State Maryland	County .Wicomico
	limits, write RURAL and give nearest town)
Street No. 304 Smith St.	•
(If rurai	, give LOCATION)
2.(a) If veteran, name war	

Hospital, Institution, or street address where death occurred:  Peninsula General Hospital  How long in hospital or institution? two days.		[	Street No. 304 Smith St.  (If rural, give LOCATION)  2.(a) If referan, name war.		
3. (a) FULL NA					3. (b) Social Sec
	Am	nia R	114manman+h		
4. Sex	5. Color or race	6.(a)Sing	le, matries, widowed, of divorced	MEDI	ICAL CERTIFICATION
female	White	wid	owed	2D. DATE DF DEATHC	et. 10 1946 19
6.(b) Name of husbar 7. Birth date of deceased (mo., da)		on El	lingsworth  (c) If allve, give age	years and that I last saw h Laulive	the date above stated; that I attended to the date above stated; the date above stated is a stated above stated at the date above stated at the dat
8. AGE: Ye	ars   Months	Days	If less than one day	Immediate cause of death	adan legan
87	0	10	hrs.	min.	sular Hear
11. Industry or busing the state of the stat	George W. Wicomic Louisa Wicomic	Byrd o, Co. Johnso	Maryland on Maryland	Other conditions (Include pregnance Major fiadings of operations.	ey within 3 months of death)  Date of op.
16. Informant			lingsworth	PHYSICIAN: Please underline the	cause to which death should be ch
	Salisbury,			22. VIOLENCE: If death was due to	o external causes, fill in the following:
17	ion or removal Which	Date the	reof Oct 14 19 (month) (day) (year	Accident, sulcide, or homicide	Date of
			netery		ty or town) (County)
Location	Salis	bury	laryland	Injured at home, farm, Industry, pub	ilic place (where?)
	The Hil			Means of Injury	Injured at work
	Salisbu	ry. Mai	ryland	9001	
Address			2. I PAC	23. SIGNATURE	anner!

2D. DATE DF DEATH		,		
21. I CERTIFY that death o	-0	19	aux 11	19.4
Immediate cause of death				
Due to				
Due to				
Other conditions	***************************************			***************************************
(Include	pregnancy within	n 3 months of d	eath)	
Major fiadings of operati	ous			

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-ex

give nearest town)

CERTIFICATE OF DEATH

	CERTIFI
1. PLACE OF DEATH:	•
county Wilongu	0
9 0 11 1/	town legits, write RUKAL and give nearest tow
How long in above place of death?	
Hospital, institution, or street address	where death occurred: Lospital
Now long in hospital or institution?	

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
State Delanare Coun	Sussep
City or town	write RURAL and give nearest town)
Street No	
(If rural, give I	OCATION)

How long in h	ospital or Ins	litution?			***************************************
3. (a) FULI	NAME	11-013	Q		
4. Sex	5	Color or race	6.(a)Single	e, married, widowed, or div	rorced
6.(b) Name of 7. Birth date of	f	rife		c) tf alive, give age	years
8. AGE:	Years	Months	Days	If less than one day	few min.
13. Births	upationr business  Slet  place Seen name R	aford	Juny, and a		ti
	remation, or	removal, Which	Date then	eof(month) (day	) (year)

MEDICAL CERTIF	
2D. DATE DE DEATH Oet 29 -	19.4.6 at 4 404
21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from
and that I last saw halive on	2 64 1 19
Immediate cause of death	DURATION
Due to Premaleury Due to Membra	plus
Other conditions	
. (Include pregnancy within 3 months of	death)
Major findings of operations	
	Date of op.

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PLEASE

every item of information carefully ite the causes of death clearly and

Supply

Where did injury occur? ..... Anjured at home, farm, Industry, public place (where?) Means of injury 18. Funeral director

injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Registrar Address.

Accident, suicide, or homicide.

(County)

(State)

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECFASED:  (For-nywbyrn infights give residence of mother)
	State 1999 Ochnight Commo
(If outside city or town limits, write RURAL and give nearest town)	City or town Lalutery
How long in above place of death?	(If outside city of lown whits, write (URAL and give nearest) town)
Peninsula General Hospital	(If rural, give LOCATION)
How long in hospital or institution? +3 days -9 Hes-15 wins	2.(a) If veteran, name war
3.(a) FULL NAME anna Dollin Fr	3. (b) Social Security Number
4. Set 5. Eglor orface 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
forming in the manual	20. DATE OF DEATH Octaber 31 19.46, 21 AM
8.(b) Name of husband or wife / // // // // // // // // // // // //	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	and that I last saw h k x alive on 0/30 19.46
7. Birth date of deceased (mo., day, yr.) aug. 10-1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	Ammediate Cause of Seath
60 2 2 min.	Carollouia of Fever Several
9. Birthplace Survey & Cel.	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or bysijess	England Sell fledder
12. Name 3eyana 71. Spills 13. Birthplace / Alexen C. Del J	According & According
	(Include pregnancy within 3 months of death)
14. Maiden name Sellin C. Hitzhun  15. Risthplace Eller G. Oef	Major findings of operations Challedthinsis Commona J.
El 15. Bithplace August G. Mar	Date of op.
18. Intermedia .	Autopsy results
Address 1301, Jake of Jaliffy	22 VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (Danonth) (day) (venf)	Accident, suicide, or homicide
Cemetery or Lematory Lawone Cum	Where did injury occur?
Tabilum Md	Injured at home, farm, industry, public place (where?)
Hollman + C. Welte R Ha	hans of jointy Injured at work?
18/Ayriefal direction	
Address falling / Klangland	Drs. SIGNATURE Classey Sesolier June
19. 1 2 18 6 1 Bashel on De	M. D. or other

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Dr. Wanner

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

### CERTIFICATE OF DEATH

Reg. Dist. No. 1333

1. PLACE OF DEATH: Ky Comi G	2. USUAL RESIDENCE (LIOME) OF DECEASED: (For newhorn infants, ave residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State May County Recommes
	City or town
How long in above place of death?	Mailros of an
P. G. HTM.	Street No
How long In hospital or institution?	2.(G) If veteran, name war
3. (a) FULL NAME Linnes Edward	1 Social Security Number
4. Sex 15. Color or range 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OUT. 8 19 9 9 9 9
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 1852	and that I last saw h. Analive on
8. AGE: Years Months Days If less than one day	Cho mantiso 2 m
9. Birthplace Handy, and state)	Due to
10. Usual occupation	Oue to
11. Industry or business	
12. Name	Other conditions
14. Maiden nama 16. Pach of 15. Sighplace 16. Pach of 1	(Inclode pregnancy within 3 months of death)
5 15 Blathalore W. Jackay	Major findings of operations.
Willared gave this to Nel. Will	Lac Brand. Bate of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Salelly That	5 CA2 VIOLENCE: If death was due to external causes, fill in the following:
17.   Burial, cremation, or removal Which?    Date thereof   1month) (day) (year)	Accident, sulcide, or homicide
Cemetery or comatory of the comment	Where dld Injury occur?
Location Saluty md.	Injured at home, farm, industry, public place (where?)
18. Fundative College of the College	Injured at work?
Address Saluily med.	- A CIONATION CONTRACTOR MINES
19. 10/9, 19 Hb. Harriet Eps	Thurs Sulsoling Bath 4/

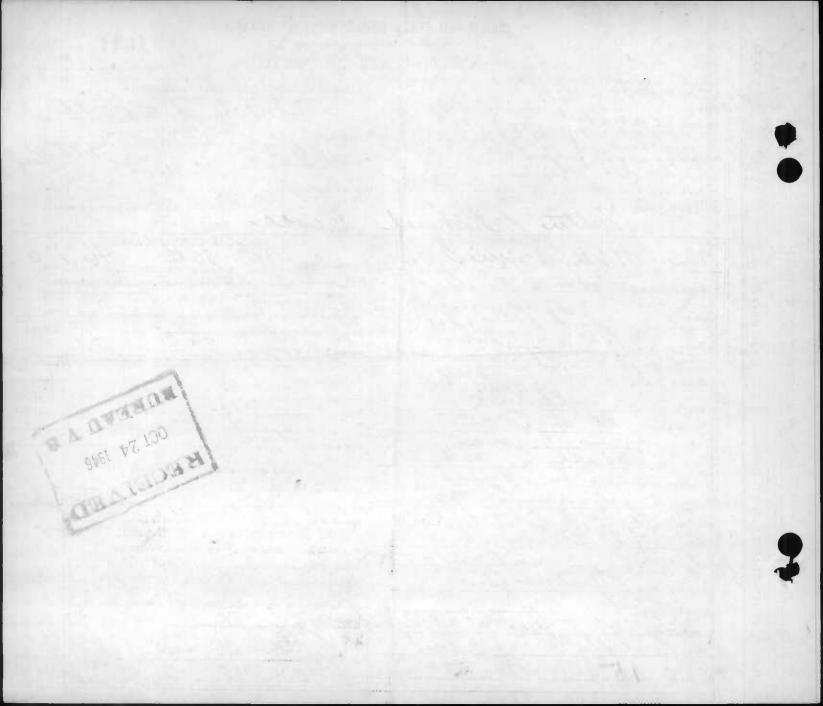


## MARYLAND STATE DEPARTMENT OF HEALTH every item of information carefully. The correct age ite the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF limits write RUKAL and give nearest town) Hospital Institution, or street andress where death Now long in hospital or institution 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING CENTIFY that death occurred on the date above stated: that I attended deceased from MARGIN RESERVED FOR write deceased (mo., day, yr.) Supply 8. AGE: ease Physicians: 16. Usual occupation UNFADING LAINLY, WITH UNF especially important. (Include of gnancy within 3 months of death) PHYSICIAM: Please underline the cause to which death should be charged statistically. PLAINLY 22. VIOLENCE: If death was due to external gauses, fill in the following: O(month) (day) (year) WRITE Injured at home, farm, Industry, public place (where?) PLEASE

DURATION

(County)

(State)



Jan Mann

MARYLAND :	STATE	DEPARTMENT	0F	HEALTH
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2411 N. Charles St., Baltimore 1600

100	
2.6	1.1.000
	Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or townS. (If outside city or town limits, write RURAL and give nearest town)	state Manyland County World
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male e	20, DATE OF DEATH October 24- 19.4.6. 21 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h alive on the saw h and the saw h alive on the saw h and the saw h alive on the saw h and the saw h alive on the saw h and the saw h alive on the saw h and the saw h alive on the saw h and the saw h alive on the saw h alive of the saw h al
deceased (mo., day, yr.) October 24-1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	francolero 6 mas.
9. Birthplace Salislemy, marisland	Due to Ocea area flectao
(Town county, and state)	of mocke for Japan a
11. Industry or business	Due to
E 12 Name Hazmon Walter Roglia	Gther conditions
	(include pregnancy within 3 months of death)
14. Malden name Jonnes Slower Come  15. Birthplace Occomac Vygnik	Major Endings of operations.
\$ 15. Birthplace Vuclomae, Vrance	
16. Informant	Autopsy results
Address Constant of the Consta	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremetion, or semoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory.	Where did Injury occur?
Location Sold Mary Many Many Constitution of the Location of t	Means of Injury Injured af work?
18. Funeral director	St. e. R man,
Address And In 110 Con An Oa	23. SIGNATURE. M. D. og open
19. The rect by test of 19. The The second street by test transfer is the second street by test transfer is the second street by the se	Address Date signed 22/46

2 - 3 5

and the state of t

do

10418

Reg. Dist. No. 339 2. USUAL-RESIDENCE (FIOME) OF DECLASED: RURAL an (give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from Octobe es 1946.

22. VIOLENCE: If death was due to external causes, fill in the following;

(State) (Coonty)

Injured at work?

Cate signed 90 ck. 194



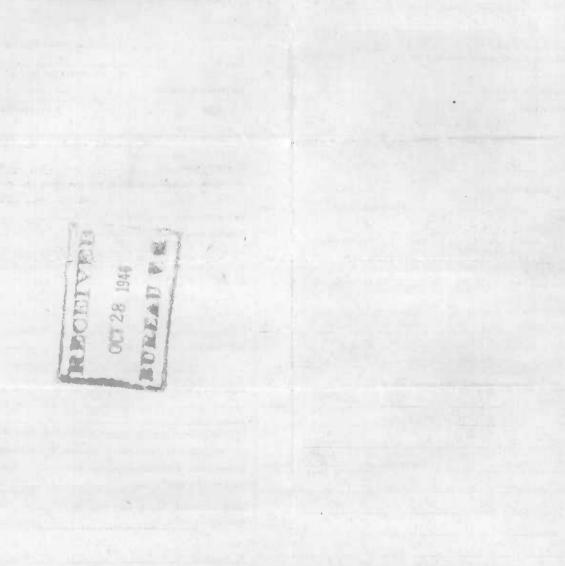
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2411 N. Charles St., Baltimore 85

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- MA1 3	TU	1/2	2/
Rev. Diat. No.		<b>EU</b>	6ك

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County D	Con fine Para con in
City or town (If outside city or town limits, write RURAL and give nearest town)	1 10.0
How tong in above place of death?	(If outside city or town limits, write RURAL and give neorest town)
Hospital, institution, or street address where death occurred:	Street No. PJD # 3
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veleran, name war
3.(a) FULL NAME //	3. (b) Social Security Number
Harry Delle H	Oslon
4. Sep 5. Color or race (%(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Oclote 21 19.46 at 4.45 P-M
7/	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(6) Name of husband or wife	af 14 1846 10 hel 2/ 1946
	and that I last saw h ballie on lef 20 1846
7. Birth date of deceased (mo., day, yr.) Anar- 21-19/2	Immediate cause of death tente positive OURATION
8. AGE: Years Months Days If tess than one day	Immodiate cause of cease 10 day
24hrs,min.	
Ma = = + 10 x 61	2022 C
9. Birthplace (Bown, county, and state)	Oue to La January
10. Usual occupation.	
2 0	Due to
11. Industry or business	
12. Name	Other conditions
13. Birthplace Williamsville, Kell.	(Include pregnancy within 3 months of death)
14. Maiden name Sydua Higatt	Major findings of operations
15. Birthplace Bestin Sel.	Date of og.
of a glady	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Alleman, Vellaume	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, tremedion, or removat, Which?)  Quie thereof (month) (day) (year)	Accident, suicide, or homicide
Q. a de-A.	
Cemetery or erematory	Where did injury occur?
Location January Location Doll	Injured at home, farm, industry, public place (where?)
18. Funeral director & S. Grand Co	Means of injury Injured at work?
10.0.	STOPA 1
Address All May 11	23. SIGNATURE 1. 1. 1. 3. Mels.
Welover 23 1946 Harry Extudion	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 123/4-6



MARGIN RESERVED FOR BINDING

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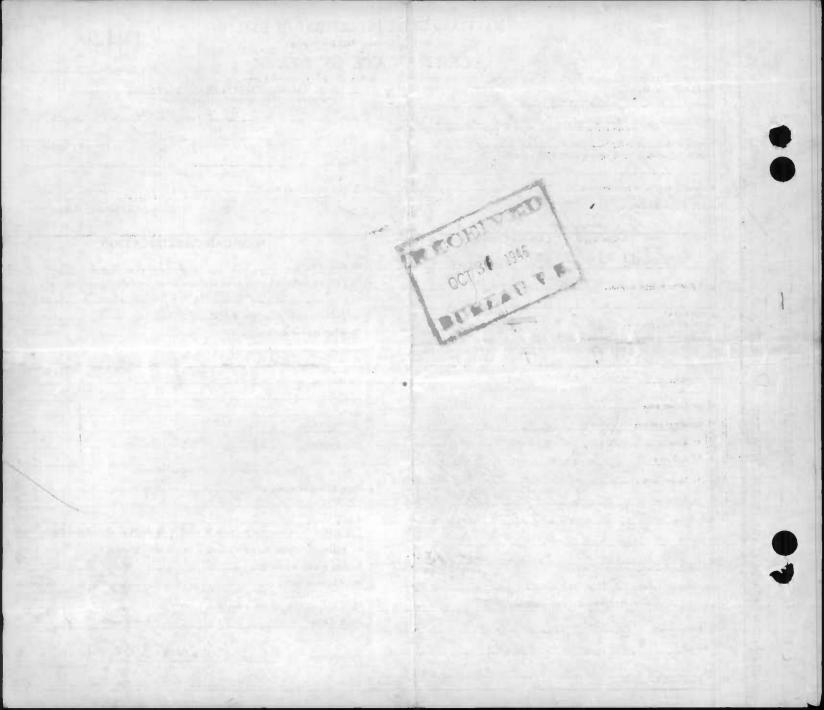
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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iv 10420

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Afd County 24 Talancett
City or town	100
How long In above place of death?	(If outside city or town limits, writy RURAL and give nearest town)
Hospital, institution, or street eddress where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME A Harsman	3. (b) Social Security Number
6. Sex 5. Color or race 6.(a) Single/married, widowed, or divorced	MEDICAL CERTIFICATION
mal white married	20. DATE DE DEATH. Start of the 194 fer, at 44 fer mm
B.(b) Name of husband or wife Elimbel Harman	21. I CERTIFY that depth occurred on the date above stated; that I attended deceased from
	January 184 to Oct - 9- 1846
f. Birth date of deceased (mo., day, yr.)	and that I last sawn side alive on Och Tull que 19 4
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death
679 4nrsmin.	
B: 1.0 allal 11)-	Casuc My reusing
B. Birihplace (Town, county, and state)	Due to.
ID. Usual occupation	
11. Industry or business	Due to
12. Name & 00 00 1 12. Name & 00 00 1 12. Name	Other conditions arbeit or lesson 2
13. Birthplace Ring Ane Md	
14. Malden name	(Include pregnancy within 3 months of death)
15. Birthplace Andrewalve Md	Major findings of operations
16. Informant Manager & Horacon	Date of op
Address Bisalne Md	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
07	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial exemation, or removal, Which?)  Bale thereof (month) (does (year))	Accident, suicide, or homicide
Cemetery or crematory Described Aff Cemetery	Where dld injury occur?
Location	Injured at home, farm, Industry, public place (where?)
B. Funeral director	Means of Injury Injured at work?
Address Disalre MA	a constitute Chillians Erusich
(Date rec'd by registrar)  (Date rec'd by registrar)	1/ eld - ld - Pa   M. D. or other
(Date rec'd by registrar) Registrar	Address Dale signed Ca 13-8



PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

### CERTIFICATE OF DEATH

1042 Rev. Dist. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County W. comeo	State County
City or town. Saladia city or town limits, write RURAL and give nearest town)	State
How long in above place of death? I days - 9 hrs. 38 mins.	City or lown
How long in above place of death?	(11 obtains city of town limits, write horizon and give matter town)
Perusula General Gospital	Street Ro
	(If rural, give LOCATION)
How long in hospital or institution? Taujs- 9 tus. 38 m. 75	2.(a) If veteran, name war
3. (a) FULL NAME	1 3. (b) Social Security Number
Weith, Body wit Carally	ay agu
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Gemale white &	20 DATE DE DEATH October 4 19 46 at 1 am
Single	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	26 Rept. 1946 to 4 Oct - 1846
7. Birth date of	and that I last saw h. L. alive on 3 Oct ale 19 76
deceased (mo., day, yr.) Sept 26, 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	Prematurity 7 days
8hrsmin.	
0 0 2 1	
9. Dirthplace Salisbury Wisconsis Co Ming (Town, goundy, and state)	Due to.
75/0	Mepticerus 2 days
10. Usuat occupation.	Duo to Organism not determined
11. Industry or business	xthis true.
# 12 Harris Thomask M Buth	Other conditions.
E	
	(Include pregnancy within 3 months of death)
# 14. Maiden name Margaret Ze Sorre	Major findings of operations.
14. Malden name Mangaret La Berne	Date of op.
y/min n 1 t	0 0 0 0 0 0 0 0
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (26 Rall Tra	
D. 1 (00 5 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (def) (year)	Accident, suicide, or homicide
Cemelery or crematory Lasses Ceruitury	Where did injury occur?
Location Salisting Model	Injured at home, farm, Industry, public place (where?)
18. Funeral director The Hill & Mahmane	Means of Injury tnjured at work?
Address , Salisbur Mod , -	0.14-74.0
NUMBER OF THE PARTY OF THE PART	23. SIGNATURE M. D. or other
19. 10 15 19 0161 060 Beet 161 18h	10 2212 Camben ave.



### MARYLAND STATE DEPARTMENT OF HEALTH

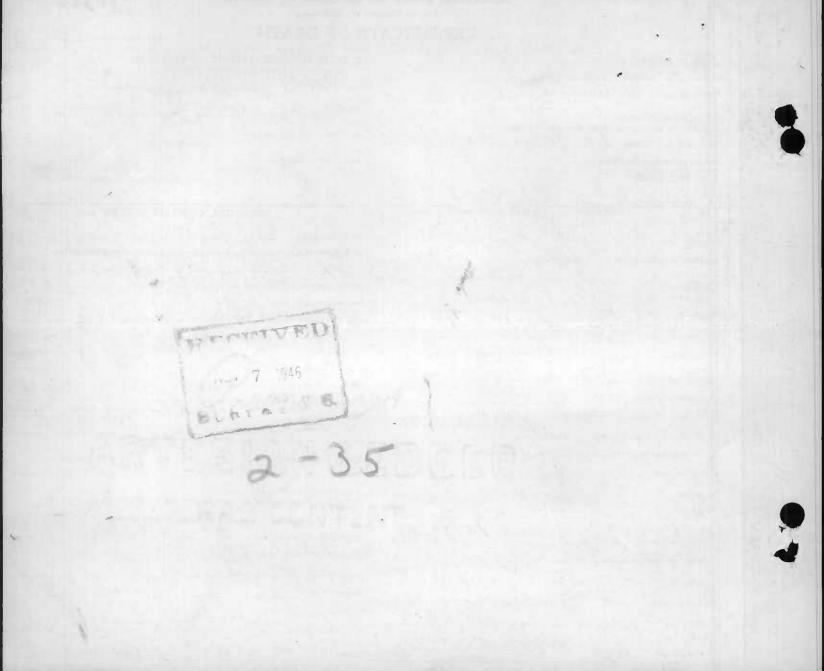
2411 N. Charles St., Baltimore 93-2



### CERTIFICATE OF DEATH

Reg. Dist. No. 3330

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (Formewborg) infants give residence of m	DECEASED:
County W. Cagues	Al V	1 I sh
City or town	State Count	y
	City or town August	
How long in above place of death?	(If outside city or town limits,	write RURAL and give nearest town)
mespital, institution, or sieget address where death occurred.	Street No.	
Tomasca Sauces au your	(If rurai, give L	OCATION)
How long in hospital or institution?	2.(α) If veteran, name war	
3.(a) FULL NAME		3. (b) Social Security Number
0. 81 10		
Turney Mr. Comand		none
4. Sex 5. Coloror race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION 24
marke who to undriver	2D, DATE DF DEATH October	25- 1946 112 A.
Triance to rest with the		
6.(b) Hame of husband or wife Allee Al Ilmney	21. I CERTIFY that death occurred on the date above	
	UCT. 194	6 to 001. A 5 19 46
7. Birth date of	and that I last saw h. / M. alive on OC.	t. 24 19.46
deceased (mo., day, yr.)	Immediate capes of death Classifical	DURATION
8. AGE: Years / Months   Bays   If less than one day	Immediate casts of death A	20 days
84 8 18hrsmin.		
0 / 0 / 0 / 0 / 0 / 0 / 0 / 0		Synchtones
9. Birthplace Delamare	Due to Clarebral Roller	cooclisons 5 years
(Town, county, and state)		
1D. Usuai occupation. Allered		
	Due to	1 Sympton
11. tndustry or business	a described in	Vert Margare land
12. Name 12. Name 12. Name 12. Name 12. Name 13. Birthpiace	Other conditions	
13. Birthpiace A Del.	Themia	
	(Include pregnancy within 3 mo	enths of death)
H 14. Maiden name Sullie Summers	Major findings of operations.	
14. Maiden name Sullie Sumukum  15. Birthplace		
m. m. N. l.		
16. Information 320 East Chiefal St.	PHYSICIAN: Please underline the cause to which	h death should be charged statistically.
Address Sparks & D.C.		
17 Burial Date thereof 10/23/46	22. VIOLENCE: If death was due to external cause	
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (ddy) (year)	Accident, suicide, or homicide	Date of
Complete of accomplete of M. Fellowing	Where did injury occur?(City or town)	(County) (State)
Cemetery or crematory.		
Location Sausell Mills	injured at home, farm, industry, public place (whe	re?)
Chamielle Mindson Millians	Means of Injury	Injured at work?
18. Funeral director	-11 . 11	6.1 hr.1
Address Famerats both Petry land	- Xxaned 49	televore 11/1X
1. 18 C 11 C Cap 1 D 0 00	23. SIGNATURE	M. D. or other
19. 10 10 by 19 161 Wally 18	musso IN. Davisio	n St.
(Infte rec' by registrar) Registrar	Address	Dafe signed
	Jalispuly,"	· a.



important.

16. Informant

18. Funeral director

PLAINLY, is especially

PLEASE WRITE

correct age

The collegibly.

1. PLACE OF DEATH:

How long in above place of death?...

How long In hospital or institution?....

3. (a) FULL NAME

Hospital, Institution or street address where death occurred

### MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St.,	Baltimore	93-
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10425

### CERTIFICAT

E	E OF DEATH	Reg. Dist. No. 333
	2. USUAL RESIDENCE (HON (Por newborn infants give resident) State City or town	AE) OF DECEASED: lenee of mothar)  County Pour Cestle  County Pour Cestle  was limits, write RURAL and give nearest town)
1	Street No. 2.3. S. Mulli	oral, give LOCATION)
	2.(a) It veteran, name war.	and 2
		3. (b) Social Security Number
	MEDIC	AL CERTIFICATION
	20. BATE OF DEATH Oclife	v 2nd 1946 25:454
	21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from  19. 4. 6. 10 AMA AMA 1953

*****					S.(c) If	alive, give age	5 B yes
	Birth date of leceased (mo	., day, yr.) 6	eful.	28,1	8 9		
8.	AGE:	Years	Months	Da	ys ,	It less than one d	27
		65	3	1	40	hrs.	ml
9.	Birthplace	wil	my	n, eounty	and state	<u>L</u> .	*****************
10.	Usual occu	pationZ	uicha	mic	-8		
11.	tadustry or	business	much	me	Shr	Λ'	
FATHER	12. Name	Uni	byen	~	/	***************************************	
FA	13. Birthpta	ace \	nku	nn			
MOTHER	14. Maiden	nameC	ither	ne		?	
MO	15. Birthpi	ace	Inki	w	m	•	

Major findings of operations.....

Immediate cause of death.

PHYSICIAN: Please underline the eause to which death should be charged statistically.

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur? .....(City or town)

Injured at home, tarm, industry, public place (where?) ...

Injured at work? Means of Injury

M. D. or other

OURATION

OCT 10 1946
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2411 N. Charles St., Baltimore

### 83/a) CERTIFICATE OF DEATH

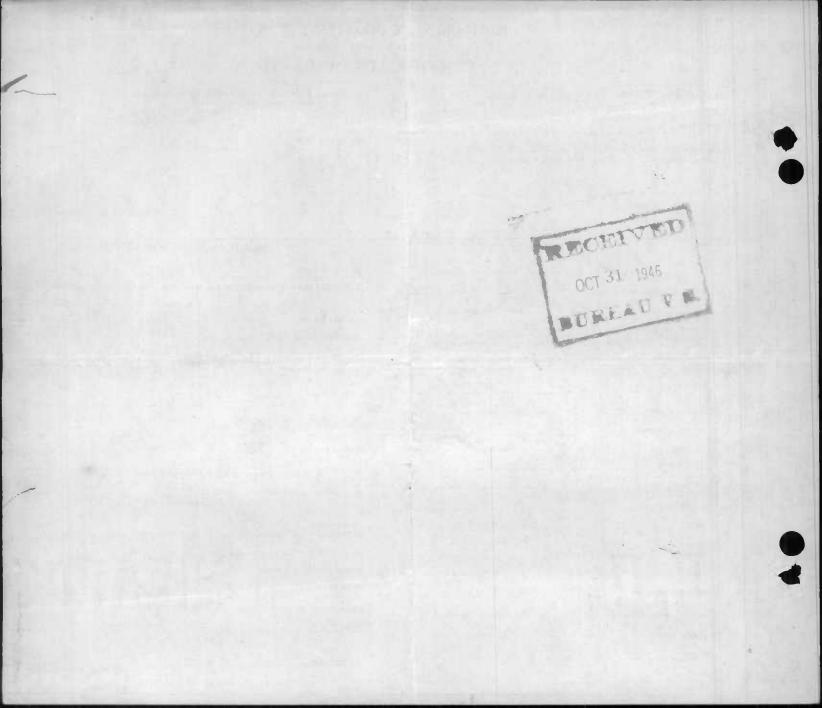
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Dan	Dist	BI-	3	1	7	

10424

1. PLACE OF DEATH: Tyaskin, nd County Wicomplex	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County White
City or town	City or town Jyashin
How long In above place of death?	City or town(If of tside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) I1 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Waniel Henry Lord	
4. Sex 5. Color or race 6.(a) Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
m W wedower	2D. DATE DF DEATH O et 18
8.(b) Name of husband or wife Relecca & Lond	21. I CERTIFY that death occurred on the thie above stated: that I attended deceased from 4
7. Birth date of deceased (mo., day, yr.) NOV, 24, 1858	and that I last saw h Culplive on O CATULL 16 1946
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
87 10 25hrsmin.	Colored II wood 40
9. Birtholace Vienna, Wicomics, ma	Due to.
(Town, county, and state)	Due to
10. Usual occupation. Carpences	Due to
11. Industry or business	
12. Name Descrip Clay Jord  13. Birthplace Dout Knowl	Dither conditions Cerveus Sclerous
El mary Park 10	(Include pregnancy within 3 months of death)  Major findings of operations
14. Malden name July 11. Birthplace & Sout Ryon	Date of op.
16. Informani mrs. Ethel 16 wiley	Antopsy results
Address Lycesbyn, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 10 10 10 10	22. VIOLENCE: It death was due to external causes, Illi in the tollowing:
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Climelling	Where did Injury occur?
Location In askin my	lajured at home, farm, industry, public place (where?)
18. Funeral director C. L. Messeels	Means of Injury injured at work?
Address Bwalve, md.	23. SIGNATURE Chi elli aus Eus rich
19. Oate rec'd by registrar)  19. Oate rec'd by registrar)  Registrar	Address Helsey- mJ Daie signed Oct 20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



to correct age

MARGIN RESERVED FOR BINDING

VS A15

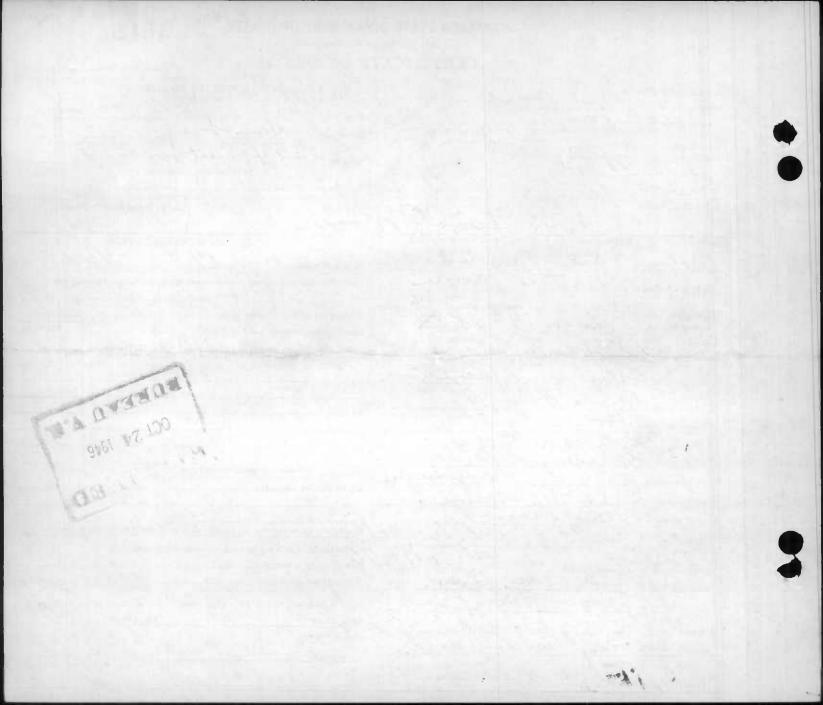
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100	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
OX.	County Wiconnes	(For newborn infacts give residence of mother)
regible of		State /// / / count / Conno
.7	City or town. (If outside city or town limits, write RURAL and give nearest town)	Salietur
200	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
2 2	Hospital Tostingtion, or street address when death occurred:	1296 & 11 Man .T
ily	P. L. Athan	Street Mo.
cs		(If rural, give LOCATION)
ormation carefudeath clearly and	How long in hospital or institution	2(a) If veteran, name war
E.E.	3. (a) FULL NAME WINNEL /VILLON	3. (b) Social Security Number
ormati death	0.(0) 10.00	5. (b) Social Security Number
or	Commande Walters	
inf	4. Lex 5. Color project 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
S S	Mal. next- N. d.	n.5
us(	Mar Machon	D. DATE OF DEATH October 24 1946 at 12 m
ly every item of write the causes	Resain Press Merry	T.I CERTIFY that death occurred on the date above stated; that I attended deceased from
i e	6.(6) Name of husband or wife	Cetalice 15- 1046 10 October 24-1846
43	A 8, (c) If alive, give a Quad years	
te	7. Birth date of Manual 25th 1072	and that I last saw h. J.M. alive on 24, October 19.46.
y	deceased (mo., day, yr.) Phanch 25. 4 1872	Immediate cause of death
	8. AGE: Years Months Days If less than one day	Caremontosis. 6mm?
Suplease	74 6 27hrsmjg	
- 4	The Do II a med	
K.	9. Birthplace Campuage /10	Due to Prim site for Bonel or dur.
Zg	(Tyn, county, and state	3
13.7	10. Usual occupation.	
NG INI sicians:		Due to
ADI	11. Industry or Jusiness	
<b>E P</b>	12. hame free free free free free free free fr	Other conditions
ند را	13. Birthotace Dochuster G. md	
LANE ant.		(include pregnancy within 3 months of death)
HIE	14. Maiden name unknown ) Hurley  15. Birtholace Dorchester &. C Md	Major findings of operations metastatic Carcinan Time
WIN	15. Birtholace Dorchester G. of Md	
N.E.	15. pyringiace	Date of op. 10/23/4-C
	16. Interment. Blue rewell Chamber	Antopsy results
AINLY, especially	4228 Atat A Donte	PHYSICIAN: Please underline the cause to which death should be charged statistically.
ec II	Address 733 C. Male M. Menty 1. 9.	22. VIOLENCE: If death was due to external causes, fill in the following:
A	17 Belia Date thereof Places 25-119	Accident, suicide, or homicide
PI	(Eurial, cremntion, or partical, Which?) (month) (day) (year)	
E	Cemetery or Gemators / Communication of	Where did injury occur? (City or town) (County) (State)
H	10 han man 1 a 16	
24	Location	Injured at home, farm, Industry, public place (where?)
EX	Helenay 1 & Walter P XX	means of triury injured at work?
SE	1B. Fullerat director	2 of
A.	Address Jakely Mq.	1 11 00 K fores the D
园	12/1/1- /11/11/11/11/11/11	15. SOMATURE M. D. or other
Id	18 10 / 21 b 19 /016 Bassiel & Bs	124 At 194
	(! Ate rec' by registrar)	Address Date signed 7, Oct.
		solding, md.

7 1946 REAU V 1 2411 N. Charles St., Baltimore (4)

CERTIFICA	OF	DEATH		
CERTIFICA	114	OI	DLAI	
			- dayle	_

1. PLACE OF DEATH: // COMIC	2. USUAL RESIDENCE (HOME) OF DECLASED:  (For nighborn i finits give residence of mother)
County	I to the amount of the second
(If outside city or town mits, wate JUJIAL and give nearest town)	State Salestury
How long in above place of death?	City or town
Hospitat, Institution or street address where yeath occurred:	Street No. 202 Forent V street
173. 18094	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Oscar Jenn W	loon
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH GCT, 14 12 18 46 216 27 G. M
6.(b) Name of husband or wife Bettie Moore	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 44-1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
63 4 0min.	Carcina / Lectur
8. Birthplace Salistery, Maryland	Oue to
10. Usual occupation Painta (Town, counts, and state)	
11. Industry or business House Painting	Due to
E 12. Hame Pilliam Money	Other conditions
13. 8!rthptace Greenword Vilana	(Include pregnancy within 3 months of death)
14. Maiden name Mary E. Humphrys	
\$ 15. 8 ortholoce martie, maryland	Major findings of operations
Mrs. Betlie moore	Autonsy results.
16. Intomatical for Local to Salution Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Duriel Oct dirt	VIOLENCE: If death was due to externat causes, titt in the tollowing;
(Buriai, cremation, or removal Which?)  Date thereot (day) (year)	Accident, sutcide, or homicide
Cemetery or crophatory. The Comment Centre	Where dld injury occur? (City or town) (County) (State)
Location Salutry Maryland	Injured at home, farm, Industry, public place (where?)
18. Functar director. 19.	deane of injury Injured at work?
Address Salish may lavel	* Colores to
10/15-/116. Del Ac Dal	23 SIONATURE M. D. or other
(Date rec'd by registrar)	Address Sals bully Md Date signed 14. X

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



### Reg. Dist. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Wicomes	(For newborn intants give residence of morned)	
- Qalieberle	State County County	
(If outside city or town limits, write RUK) and give nearest town)	City or 16 mm ( ) Stocklon Fred.	
How long in above place of death?	(Woutside city or town limits, write RURAL and give nearest town)	
Hoppital, institution, or street address where death occurred:	Street No.	,
Salubury Simula For Way	(If rural, give LOCATION)	
How long in hospital or institution? 3 to sales	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
P X TO TO TO	14: Sr	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		10
male volute married	20. DATE OF DEATH. Q & 1 19.4.6.28 0.5.	
Jessei e Cores Parson	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from	
8.(b) Name of husband or wife.	5 Sept 19 46 10/0c5 19	14
5.(c) If alive, give age ye	and that I last saw h. A. alive on	. 1 1
7. Birth date of deceased (mo., day, yr.) august 3/4872		ATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.	
7# 1 0hrs.	min // 24	
57	45/12	MAKA
a strange Stockton Workester me	Due to atherasteries	
(Town, county, and state)	? almenteril	
19. Usual occupation. Uptu Blanks	Oue to.	
11, industry or business	000 (0	
El 10 Names Ophn D Parsons	Moderate del to	
12. Name John Dansons  13. Birthplace Maryland	Other conditions.	***********
13. Birthplace / marylande	(Include pregnancy within 3 months of death)	
11 Maidan name Mary Elpahethe Jores		
14. Maiden name Mary Elbalothe Jorces 15. Birthslace Maryland	Major findings of operations.	
\$ 15. Birthplace Maryland		
16. Informant Phomas Sudus Paranes	Autopsy results	
Le c. DAD A De VALA Cla	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address / 28 6 Kurch St, Salesbury	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial Date thereof QC 4 749	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Hadiacity animals of the manufacture of the manufac	
Cemetery or crematory	Where did injury occur?	
Stonleton med	Injured at home, farm, industry, public place (where?)	
Location	/ Means of tnjury Injured at work?	
18. Funeral director		
Address Poconiola (lite Ing	1/2 march (Kaplan mx)	
noutes	23. SIGNATURE M. D. or other	
19: 10 / At 19 Ho #699 10 To 61 AM	hura Will med 2000	11
(Deta regid by registrar)	trar Address Dillian Date signed	.r.co

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (1) MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

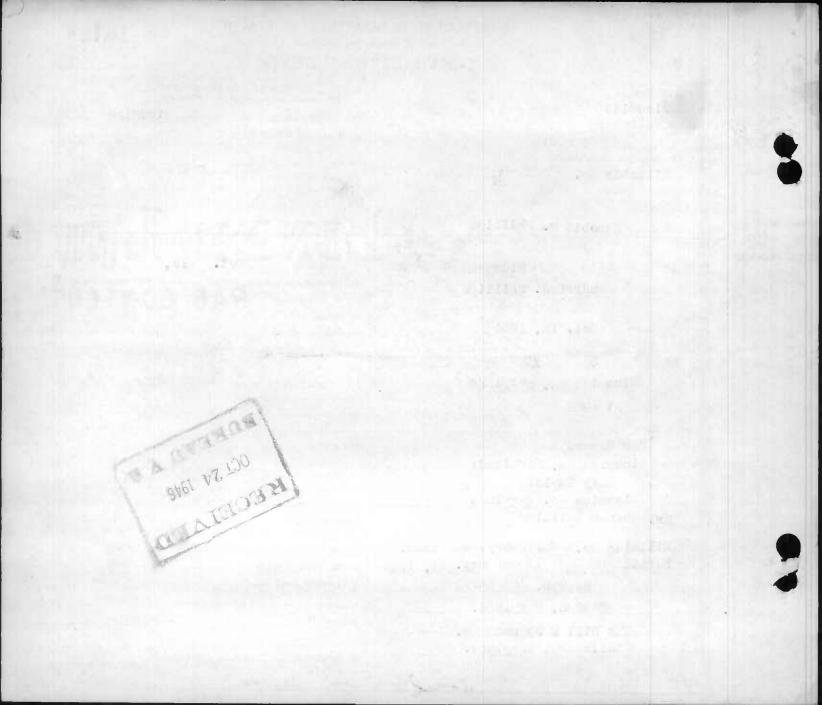
2411 N. Charles St., Baltimore 46-2



10428

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Wicomico
City or town Salisbury (If outside city or town limits, write KURAL and give nearest town)	
How long in above place of death? 2 mouth	City or town. Hebron (If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Sireet Mo.
Hillside Dr.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(d) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Zenobia F. Phillips	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7, 60	
female white widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Andrew J. Phillips	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw help alive on self the last saw help alive
deceased (mo., day, yr.) Oct. 12, 1884	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Curamous Colon 2
82 0 7hrsmin	
	Due to Alana Daniel Z
9. Birthplace	Due to Cover my occuración ;
10. Usual occupation at home	
	Oue to
11. Industry or business	-
12. Hanne Sam Howard	Other conditions
13. Birthplace Wicomico Co. Maryland	(Include pregnancy within 3 months of death)
14. Maiden name	
E Wicomico Co. Maryland	Major findings of operations.
14. Malden name Mary Taylor  15. Birthplace Wicomico Co. Maryland  Mr. Norman Phillips	Oate of op
16. Informan Mr. Norman Phillips	Autopsy results
Address Hillside Dr. Salisbury, Maryland.	
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Daie thereofOc. t	Accident, suicide, or homicide
Cemetery or crematory Hebron, Cemetery	Where did injury occur?
Location Hebron, Maryland.	
	Manna of injury Injured at work?
18. Funeral directorThe Hill & Johnson Co.	L . N
Address Salisbury, Maryland.	JA MANNAI MIN)
12/21 11/ 00 100	23. SIGNATURE M. D. or other
19. (Date rec'yby registrat) 19. H.b. 1 Change of 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Dillowing Date signed Dillow



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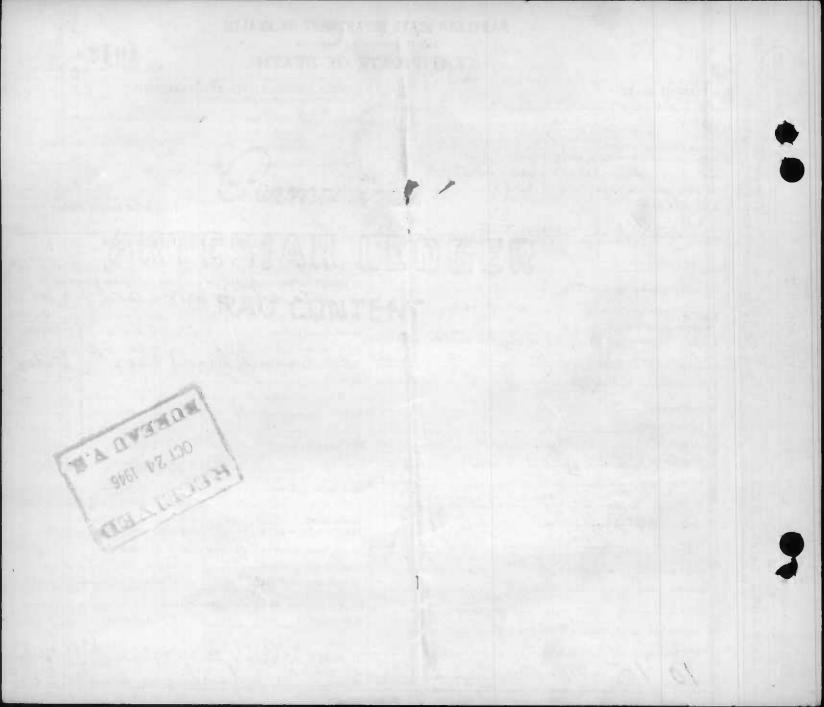
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore



104233 Reg. Diat. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Willowico	1
City or town	State Manyland County Workeston
9	City or town
How long in above place of death?	
Cennsula Gunal Hopital	Street No. (If rural, give LOCATION)
How long in hospital or institution? 7 days.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Purull Brown Bak	by
4. Sex 5. Color or race 6.(a) Single, married, windred, or divorced	MEDICAL CERTIFICATION
male c	20. DATE OF DEATH October 14- 19.46 at 5'3R M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	and be willed and I Hart
6.(e) If alive, give age years	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) 10 - 6 - 4-6	
8. AGE: Years   Months   Days   Il less than one day	Immediate cause of death
9hrsmin.	On the stand Broth & Chan
1. 1 0 '00 71 t c m. D. 1	
9. Birthplace Whalayville Worcester Co, Maryland (Town, county, and state)	Due to
1D. Usual occupation	
	Due to
11. Industry or business Yrona	
12. Name William D. Purnell  13. Birthplace Barlin Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Effic Truett	(include pregnancy within a months of death)
0 0 0 0 0	Major findings of operations.
14. Maiden name. Effice Truett  15. Birthplace Snow Still Maryland	Date of op.
16. Informant William J. Purnell	Autopsy results
Address Berling Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 . '0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicitie, or homicide
Cemetery or crematory. Samesaughent	Where did Injury occur?
Location Manyland Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director James F. Stawart	Means of Injury Injured at work?
Address 402 E, Church St. Salesbury, Md.	4 M Mora anna (1) M. D.
18 10/16- 19 Hb: Hage A & John	25. SIGNATURE M. D. or other



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltim

ore	(93-20)

10430

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Wicomico	
(If outside city or town limits) write RURAL and give nearest town)	State Thanyland County Winnings - Rural
How long in above place of death?	City or town. (If outside city or town kmlts, write RURAL and give nearest town)
Hospital, Institution, or street, address where death occurred:	Street No. San Joningo
San Doningo	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME M. Eliza quinton	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored married	20. DATE OF DEATH October 1 19.46 at 11:40 PM
8.(6) Name of husband or wife George Guinton  S.(c) If alive, give age 68 years  7. Birth date of	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from  19
deceased (mo., day, yr.) February 26 1882	
8. AGE: Years Months Days It less than one day	Immediate causa of death DURATION
	Crely af Chembias
9. Birthplace Wicomics County Maryland (Town, county, and state)  10. Usual occupation.	Oue to Masculus Cender -
11. Industry or business Home	
12. Name Leonard Gainer	Other conditions
12. Name.	Uther conditions
13. Birthplace Vicomico County Maryland	(Include pregnancy within 3 months of death)
Martha Ennis	(Include pregnancy within 3 months of death)
= 14. Maiden name	Major findings of operations
15. Birthplace Wicomico County Mary found	
0	
16. Informant Leonge Grunton	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mardela Springs, Maryland, R.F.D.	22. VIOLENCE: If death was due to external causes, till to the tollowing;
(Burial, cremation, or removal. Which?)  Date thereof. October 5 1946 (month) (day) (year)	
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
1. Alexander Constant	Where did injury occur?
Demolely of Clemator,	
Location Mear Sharftown Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director S. X. Framptom we Son	Means of injury injured at work?
Address Frdehalsburg, haryland	Charles M. more MI
0 1 11 12 0 3	23. SIGNATURE M. D. Of other
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Laure O. 1 Bate signed W/3/1/4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

# CERTIFICATE OF DEATH

10431

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / Comico	(Far newborn infants give residence of mother)
(If outside city or town limits, write RUKAL and give nearest town)	State County
How long in above place of death?	(if outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Rural
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Burlina Johnson	Savage 3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Colored Singh	20. DATE OF DEATH October 19 46 at 11:00 A. N
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	9 — 7 19 46 10 10 10 10 19 46
7. Birth date of	and that I last saw heave alive on f. 9
deceased (mo., day, yr.) 1896	Immediate cause of death, Angel Residence DURATION
8. AGE: Years Months Days It less than one day	AGAS CASE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE ST
2 0hrsmin.	
3. Birthplace Termaek County 12 (Town grounty, and state) 4.	Duó 10
10. Usual occupation	
11. industry or business 1 /	Oue to
	De la Companya della companya della companya de la companya della
12. Name Hands Johnson	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Emma Johnson  15. Birthplace Quo. 4.	Major findings of operations
El 15. Birthplace Cleco. Co./	Date of op.
16. Informant APACLD BARAN	Autopsy results
Address Eden O Marilerot	PHYSICIAN: Flease underline the cause to which death abould be charged statistically.
Bur 10 08 tel. 121 190	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whileh) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Shelon Cemeter	Where did Injury occur?
Bitopa	
Location DE L	Injured at home, farm, industry, public place (where?)
19. Funeral director. Lagar Thomas	Means of injury Injured at work?
Address Hecomae	they (10)
10/90 HI W' 120 Do	23, SIGNATURE M. D. or other
(linte roc'd by registrar)	Address DDD W. Man Sures Street 10-19-1

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 4.2

10432 Reg. Dist. No. 333

CERTIFICATE OF DEATH

Saliahun

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
County W. Corpres	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City or town	Mandala Mad (2 M)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Sireet No.
Jennsul Dymal Nospilal	(If rural, give LOCATION)
How long in hospital or Institution? 5000.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3 hodsley mis brace	
4. Sex 5. Copr or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale White morried	20, DATE DE DEATH October 22 - 1946 21 838 M
Louis Hospitales	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19to
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) June 22 1887	Immediate cause of death DURATION
8. AGE: Years Montas Days If less than one day	CArcinome ) sigmoid colon
5-9 1 0min.	
This Ma	Pue to
9. 8irthplace	DUC 14.
16. Usual occupation. House wife	Pue to
11, Industry or business	
12. Name Thomas It Cuglish	Other conditions Acad a Hancella Whieletin
12. Name Thomas It Ouglish 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Martly Traversor  15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Acute intertinal obstructed Dale of op. 10-11-46
16. Informant down N Thospies	Autopsy results
Address Mardela Md. KN-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Build Date thereof 10,24, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory. Mardela Md Tu.	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
En asses Barte	Means of Injury Injured all work?
18. Funeral director.	1.1:00 > 1 P
Address Shartbur 170.	25. STONATURE William /2 dong
19. 10 19, H, 19 H, 6, Hazaiel & Ah	M. D. or other
(Date rec'd by registrat) Rekistrar	Address 3 0 4 M Date signed / 0/22/46

NUV 7 1946 3 BUREAU V 8. 2411 N. Charles St., Baltimore

(46.8)

10433

### 76

### CERTIFICATE OF DEATH

CERTIFICATION	Reg. Dist. No.
1. PLACE OF DEATH: McComile	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant/give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If putside city or town limits, wite RURA, and eve nearest town)
despital, institution, a street orderes, where death occurred:	Street of M.F. aller / farm
1011-Time race	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
and with	3. (b) Social Security Number
4. Se 5. Egioc or race 6. (a Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Marie Manuel	20. DATE OF DEATH. OH, 62 19 19 19 19 19 19 19 19 19 19 19 19 19
man shous	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	18th 6 18th 6 19th
7. Birth date of	Cong That Triant saw h alive on less to the saw h
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
58 / / - hrs	1 Become Hause
Danier Taracke M	d'au
9. Birthplace (Town county, and state)	Ous to
10. Usual occupation	Bue to
11. Industry or business on Frany	
12. Name Humphy Ship	Pyher conditions
	(Include pregnancy within 3 months of death)
14. Malden nam Mary Water 15. Birthalge A Fruttuped Ma	Major findings of operations.
15. Birthplace of Fruttund Ma	Date of op.
16. Informati Mrs. Mary showy	Antensy results
Addres N. F. alle / Farm Salvete	PHYSICIAN Please underline the cause to which death should be charged statistically.
Punial Ort 9446	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoral which?)  Date thereof	Accident, suicide, or homicide
Cemetery or comatory	Where did injury occur?
Location failure md	injured at home, farm, industry, public place (where?)
18 Helms/ 6 Walter P. A.	Mayris of Injury Injured at work?
Salah mod	1 hhu
1x/10 11/ 40 1 A4 (10)	23. SIGNATURE M. D. or other
19. (Ore recistor precistor)	Address. Date signed

H)MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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correct age

MARYLAND	STATE	DEPARTMENT	OF HEALTH

- 1	D: -	2.1	3.77

10434

# 2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County (Usermes)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or fown limits, write RURAL and give nearest town)	State Maryland County Workester
How long In above place of death?	City or town(If outside city or town limits, write RURAL and rive nearest town)
Permissa James Hospital How long in hospital or institution	Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME Sterrais (Juin H	3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced Female white Rewbra	MEDICAL CERTIFICATION  20. DATE OF DEATH. 10 -/ 7 19 46 21
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h &alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Salishing Wisoniers Manylan (Town, county, and state)  10. Usual occupation.	au tof Amatishity
11, Industry or business	Due to
12. Hame Mr. Othofings Surges	Dither conditions
14. Malden name Miss Educa Estella Pros	(Include pregnancy within 3 months of death)  Major findings of operations.
\$ 15. Birthplace Pocomobel, ma	Autopsy results
18. Informant Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?)  Date thereof Ctural 1940 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Lynnsull General Horkstal	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
Address Salubury manyland	25. SIGHATURE Robert R. Stan
19. (Atte rough by registrar)	Addres Palisburg Date signed 10-12-44



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/)



# 1/143., Reg. Dist. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County // County	State Marshad County Warcester
City or town(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital distillution, or street address whet theath occurred:	Street No. Troppe Road
Planama Dengual Sporter	(If rural, give LOCATION)
How long in hospital or institution? 59 days 6 kills 5 min.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Wainingst	
4. Sex 5. Color or race 6.(a) Single, married, widower, or divorced	MEDICAL CERTIFICATION
Finale White mining	20. DATE OF DEATH October 11, 19.46, 21 3 PM
6.(b) Name of husband or wife Lemuel Wainwright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 8 19 46, 10 Oct 11 19 46
7. Birth date of 6.c) tf alive, give ageyears	and that I last saw h. f. f. allye on DC\$ 11
deceased (mo., day, yr.) OC1. / , / 8	Immediate cause of death
8. AGE: Years Months Days If less than one day	
6/hrsmln.	Medites mellites
9. Birthplace Berlin-R.F.D., Wor. Mcl.	Due to
10 Heural occupation Housewife	
10. Usual occupation	Due to
11. Industry or business	
12. Name Jacob Lynch 13. Birthplace Berlin R. F. D. Md	Other conditions Dealste Gangrene
	Arelude pregnancy within 3 months of death)
14. Malden name Sally M. Quillen	Major findings of operations.
14. Malden name Sally M. Quillen 15. Birthplace Berlin R.F.D. Md.	major macings of operations
Annie Dudelotte	Antopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Berlin, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Taylor ville Cemetery	Where did injury occur?
Berlin RFD	Injured at home, farm, industry, public place (where?)
Location DC A A	Means of injury Injured at work?
tB. Funeral director China a Bushaja	
Address Derlin Md.	Hela a lusky
10/19 11/ Apro As Oak	23. SUGNATURE M. D. or other
19. 19 Degistrar	Address Jalostary Mol Date signed 10-12-16

